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NOTES ON AIR-RAID DAMAGE AND HEALTH IN GERMANY

A survey of recent intelligence concerning the impact of Allied air raids on German public health.

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SUMMARY

1. Need for increased hospital facilities to care for air-raid casualties has required several emergency steps to increase hospital capacity, but it is believed that even these have not been wholly adequate.
2. Air-raid casualties have aggravated the already serious shortage of medical personnel.
3. Long periods spent in shelters, continual alertness, and the mass evacuations have not only increased the incidence of many diseases, but have also produced mental disturbances and industrial ailments.
4. Damage to water systems and the resulting resort to unsanitary sources of supply, as well as failure to sterilize milk and to maintain adequate sewage and garbage disposal services, have been additional factors in the deterioration of public health.

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I. INTRODUCTION

Like other aspects of the German national life, public health has suffered severely from the effects of Allied air raids. The following study seeks to measure the impact of air attack on the following specific aspects of public health, as indicated in recent intelligence: hospital facilities, medical personnel, disease incidence in general, and disease incidence as affected by interruption of public-utility services.

II. HOSPITAL FACILITIES

To maximize facilities in the face of Allied air attack, Germany has (1) set up additional hospital services in the basements of presently overcrowded hospitals; (2) established emergency hospitals in schools, hotels, and similar buildings; (3) organized so-called "evasion hospitals" (Ausweichkrankenhäuser) in regions believed to be less exposed to air raids to care for those from the more heavily bombed areas; (4) sent to military hospitals such civilian patients as could not otherwise receive medical attention. In more recent months, these measures have proved inadequate. The press has stated that the "evasion hospitals" were no less endangered than the regular facilities. The Organization Todt was therefore instructed to build hospital "bunkers" on a large scale. First, press reports spoke of those bunkers as bomb proof. More recently they have proved to be wooden barracks which are built to fit into the natural environment.

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are camouflaged, and consist of one story only. They are said to hold an average of 500 patients and are interconnected. Facilities completed in November were reportedly concentrated in the western and northwestern parts of Germany, and an extension of the program designed to cover the rest of the country was said to be in preparation.

Though much is made in the press of this innovation, it is also stated that such one-story buildings are useful as makeshift arrangements only, to afford maximum protection from air raids. The permanent hospital of the future, it is pointed out, will consist of buildings larger than these one-story facilities.

It is mentioned, but only occasionally, that still other facilities are under construction in exposed regions: underground "operating bunkers," which allegedly are completely protected from air damage. It is reported that in one hospital of this type the walls are covered with luminous paint, enabling nurses to carry out their duties even if electric lighting breaks down.

III. MEDICAL PERSONNEL

The requirements for medical care of air-raid casualties have seriously aggravated the shortage of medical personnel. Various steps have been taken to increase the supply of doctors and nurses.

Jewish nurses and doctors, for example, have been accepted by official health organizations.

Members of the Hitler Youth who have been given a training course of twelve two-hour periods are called upon to give emergency first aid.

Casualties must generally be treated first by non-professional personnel, and are then turned over to first-aid stations, which allocate them to hospitals in accordance with available bed space. This procedure is enforced through the provision that claims for damages and awards of "casualty medals" are contingent on the entry of the case in the sick book of a first-aid station.

Bombed-out physicians, dentists, pharmacists, and other public-health personnel are under orders to report without delay to the appropriate professional organization to ensure their prompt allocation to a new post.

IV. DISEASE INCIDENCE IN GENERAL

There is little doubt that air raids have resulted in an overall increase in disease incidence. The health effects of breakdowns in public-utility services are considered separately below. Apart from this people in Berlin are reported to suffer from an epidemic of "cellar sickness," a form of influenza caused by long vigils in damp cellars. Semi-official German reports point out that air-raid damage has resulted in much eye trouble, caused by heat, smoke, soot, dust, glass splinters, and phosphorous fogs. The strain under which the people live is reported to have produced a sort of alert-psychosis, which is widely discussed in the press and has led to an increased demand for sedatives.

large industrial health hazards are the dispersion of the population over wider regions, resulting in malnutrition, and concentration in locations left uninhabitable. A good deal of the increase in the incidence of scarlet fever and diphtheria must be attributed to the various evacuation schemes. The increase is likely to be more severe among natives in the reception areas than among the refugees. English experience indicates that, on balance, the increase in the incidence of these diseases in the reception areas is not compensated by the decrease in the evacuation areas, even though such a decrease does take place. In other instances, the destruction of plants, and the resulting lack of certain products formerly produced in them, has created health hazards of a specific nature.

It is reported, for example, that there has been a marked increase in lead poisoning. This may be traced to the fact that it is impossible to repair, or "fettle," worn-out furnaces which were manufactured in the Ruhr district, and the difficulties reported by relate to damage done to Densag, Krupp, Gutehoffnungshütte and smaller plants.

V. DISEASE INCIDENCE AS AFFECTION OF INTERRUPTION OF PUBLIC UTILITIES

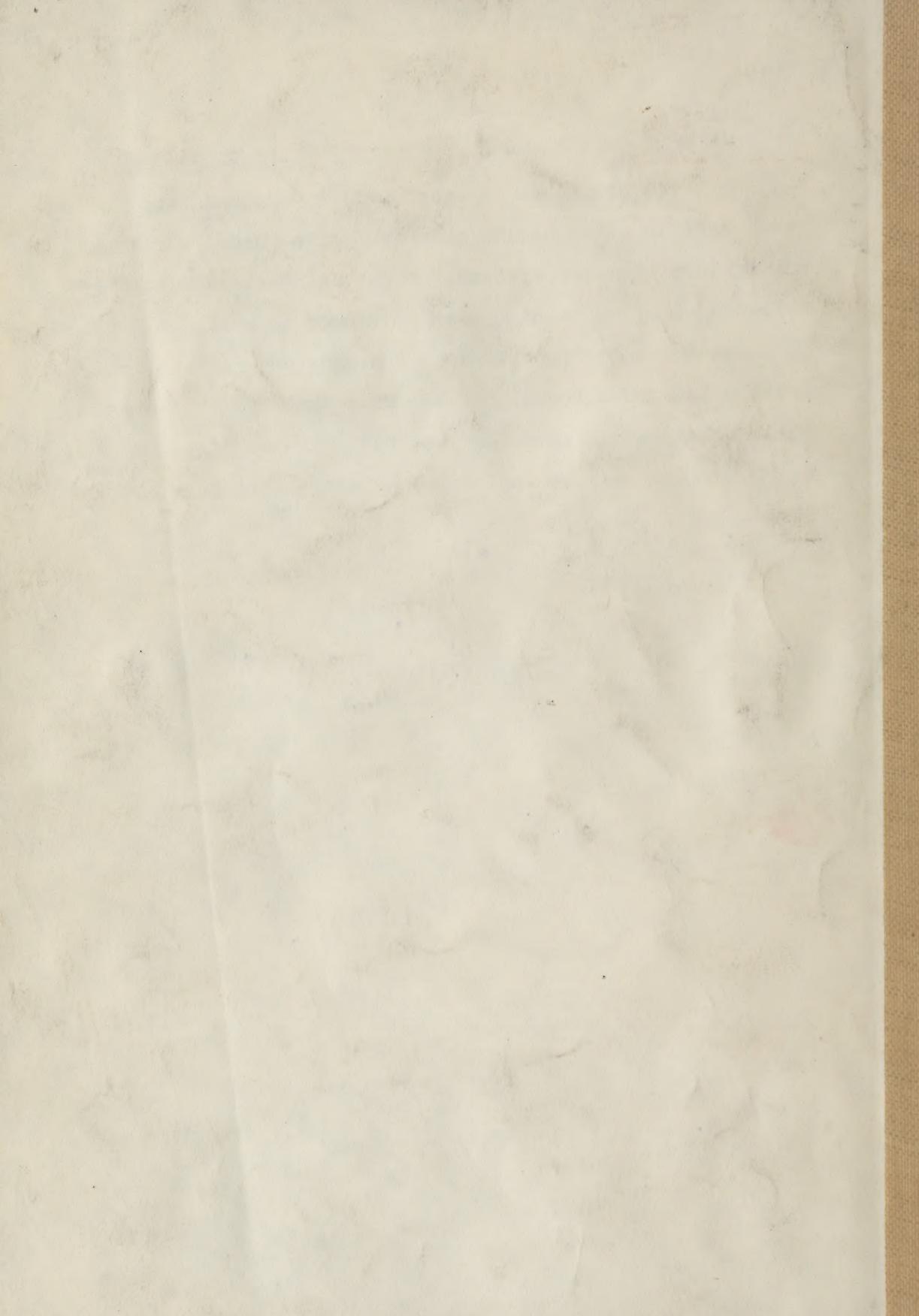
Numerous reports indicate the effects of air raids on public utilities. The destruction of power-generating facilities constitutes greater threat to health than does the interruption of power or electric power services. Thus, in Berlin, untreated river water was pumped into the pipes

in order to increase the pressure. Faced with shortages of tap water, people have turned to other and less safe sources of water. Reported vaccinations against typhoid, in a number of localities, are easily understood and it is safe to assume that this disease, which according to official German records has increased fourfold since the outbreak of the war, has spread farther, official records notwithstanding. The need for water for fire-fighting has greatly increased. This, in turn, has adversely affected the standards which in normal times were applied to the utilisation of water. By a decree of 30 April 1943, the Reich Ministers for Air and for the Interior authorised the use of water from rivers, canals, ponds, etc. in the water-supply systems without first purifying it. Certain precautions are to be taken, e.g., the water is to be chlorinated where possible, the population is to be turned to well water before use, and drinking water, in general, is to be supplied from safer sources such as wells or water carts. It will be noted that the decree was signed by the Minister for Air. In view of the reported shortage of chlorine and the extent of air damage by incendiary bombs, it is not clear how far these precautionary measures can be enforced. Recent reports indicate that the people are instructed to keep bath tubs and other containers filled with water in order to be able to participate in fire-fighting.

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The breakdown of other utility systems has given rise to other health hazards. Milk which, due to the failure of power systems, cannot be sterilized is distributed with the warning that it should be boiled. Little is known about the functioning of sewage and garbage collection in bombed towns, but the fact that Berlin house-holders were required to lay out rat poisoning from 20 to 28 November may be indicative of difficulties in this field.





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